DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 152007 | A. BUILDING 00<br>B. WING | 11/21/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KINDRED HOSPITAL INDIANAPOLIS | 1700 W 10TH ST<br>INDIANAPOLIS, IN 46222 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| S 0000<br><br>Bldg. 00 | This visit was for the investigation of one state hospital complaint.<br><br>Complaint Number: IN00206690<br>Substantiated; Deficiency related to the allegation is cited.<br><br>Date of survey: 11/20/17 and 11/21/17<br><br>Facility number: 006106<br><br>QA: 01/22/2018 | S 0000 | | |
| S 0930<br><br>Bldg. 00 | 410 IAC 15-1.5-6<br>NURSING SERVICE<br>410 IAC 15-1.5-6 (b)(3)<br><br>(b) The nursing service shall have the following:<br><br>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.<br>Based on document review and interview, the Registered Nurse failed to supervise the care of providing patient baths for 4 of 5 medical records (MR) reviewed. (patient #1, 3, 4, and 5).<br><br>Findings include;<br><br>1. Review of patient #1's medical record | S 0930 | Deficiency Correction: The Nurse Manager reviewed the daily patient assignment form to verify that all current patients were on the bathing schedule. Any patient that did not have shift assigned bath was placed on the schedule based on patient preference and or physical condition.<br><br>Deficiency Prevention: The Nurse Manager conducts a daily audit to | 11/21/2017 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | indicated the following:<br>(A) The patient was admitted on 7/7/16 and discharged on 7/25/16.<br>(B) The medical record lacked documentation of baths or patient refusing baths for 6 out of 18 days for the following dates: 7/11/16, 7/12/16, 7/16/16, 7/19/16, 7/24/16 and 7/25/16.<br><br>2. Review of patient #3's medical record indicated the following:<br>(A) The patient was admitted on 7/7/16 and discharged on 7/25/16.<br>(B) The medical record lacked documentation of baths or patient refusing baths for 28 out of 44 days for the following dates: 7/27/16, 8/1/16, 8/6/16, 8/7/6, 8/8/16, 8/9/16, 8/10/16, 8/11/16, 8/12/16, 8/13/16, 8/14/16, 8/16/16, 8/17/16, 8/18/16, 8/20/16, 8/21/16, 8/24/16, 8/25/16, 8/26/16, 8/27/16, 8/29/16, 8/30/16, 8/31/16, 9/1/16, 9/3/16, 9/4/16, 9/5/16 and 9/6/16.<br><br>3. Review of patient #4's medical record indicated the following:<br>(A) The patient was admitted on 11/13/17 and a current patient.<br>(B) The medical record lacked documentation of baths or patient refusing baths for 4 out of 8 days for the following dates: 11/14/17, | | verify every patient had a bath documented on the designated shift. The Chief Clinical Officer conducts weekly audits on 5 random patients utilizing time studies and video footage to corroborate bathing documentation. Non-compliance will be discussed with individual staff members and performance improvement will be provided as needed to ensure compliance.<br><br>Responsible Party: The Chief Clinical Officer will be responsible for ongoing compliance.<br><br>Correction Date: The initial daily patient bathing assignment audit was conducted by the Nurse Manager on November 21, 2014, The initial weekly time study audit was conducted by the Chief Clinical Officer was performed on November 28, 2018. | |

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| | 11/15/17, 11/18/17 and 11/19/17.<br><br>4. Review of patient #5's medical record indicated the following:<br>(A) The patient was admitted on 10/2/17 and a current patient.<br>(B) The medical record lacked documentation of baths or patient refusing baths for 23 out of 50 days for the following dates: 10/4/17, 10/5/17, 10/16/17, 10/17/17, 10/18/17, 10/19/17, 10/20/17, 10/23/17, 10/26/17, 10/27/17, 10/28/17, 10/29/17, 11/1/17, 11/7/17, 11/10/17, 11/11/17, 11/12/17, 11/13/17, 11/14/17, 11/17/17, 11/18/17, 11/19/17, 11/20/17.<br><br>5. During an interview on 11/20/17 at 4:11 p.m., staff member #RN2 (Chief Clinical Officer of Operations) indicated the current practice was to give a patient a bath day or night daily, per patient request and condition. He/she indicated there was no specific policy related to bathing.<br><br>6. During an interview on 11/20/17 at 4:39 p.m., staff member CNA#3 (Clinical Nurse Aide), he/she indicated patients are bathed on a daily basis and was charted in the | | | |

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| | electronic medical record. If a patient refuses a bath/shower then it is also documented in the electronic medical record and the nurse is notified of the refusal.<br><br>7. Staff member #RN2 verified the medical record information for patient #1, 3, 4 and 5 at 12:04 p.m. on 11/21/17. | | | |